

APPLICATION FORM

Title:	Surname:	
First Name(s):		
Address:		
Postcode:		
Home Tel No:	Mobile No:	
Day Tel No:	Email:	
Date of Birth:	Gender: male female	
Occupation:		
Qualifications/Training	School/College/Organisation	
Work Experience (related to health and fitness,	Personal Interests	
instructing etc)	rersonal interests	
motivesg etc)		
Individual Needs		
Please give details if you require extra help so we can discuss this with you e.g. writing, dyslexia,		
hearing impairment, wheel chair access		
Course/Workshop Title and Code:		
Course, Workshop Title and Code.		
Course/Workshop Date and Venue		
Counce, tromonop Date and Temas		
How did you hear about us?		



Do you have any concerns about taking this course/workshop?			
Select Payment Method:			
	PayPal		
	Cheque (made payable to FITT)		
Select Costs: (see website Price List for more details)			
٥	20% deposit	£	
	Payment in full	£	
	Payment in full		
Tot	al amount paid	£	
Declaration			
I confirm the above information I have given is correct best to my knowledge. I consent to Fitness Inspired Teacher Training processing my personal data and any other data given connected with my studies on the above course/workshop. I confirm the fees will be paid in full 4 weeks prior to the course/workshop commencing.			
Applicant's Signature			
Print Name ————			
Date ————			
Please return this form with your cheque to:			
Fitness Inspired Teacher Training 59 Gloster Drive Nyetimber			
Bognor Regis			
West Su PO21 3.			